

reach *to farmworkers*

Expanding Farmworker Access through Mobile Health Clinics: Lessons Learned from the Field

by Kristie McComb, Project Manager

Mobile Health Units (MHUs), also known as mobile clinics and mobile health vans, are one of the key ways that many health centers enhance their ability to bring critical health services directly to farmworkers where they live and work. Mobile health units can be an effective outreach tool, but they can present many challenges in their implementation.

Last April, Southern Illinois Healthcare Foundation (SIHF) began a migrant health program, with a plan to primarily deliver health services through the launch of a MHU, aptly named *Healthcare on Wheels / Salud Sobre Ruedas*. Before SIHF commenced MHU services in the community, they set out to learn from the insight and experiences of their peers.

Farmworker Health Services, Inc., organized a conference call for the benefit of SIHF staff, Ana Beatriz Paul and Debby Brockmeyer, with staff members from three other migrant and community health centers (M/CHC) that conduct much of their outreach via the use of MHUs. The purpose of the call was to exchange experiences, challenges and practical advice around some key areas for implementing an effective mobile clinic. The M/CHC participants on the call were: Patty Brown of Family Health Services (FHS) in Twin Falls, Idaho; Clara Cabanis of Plan de Salud del Valle (SALUD) in Commerce City, Colo-



Mobile Health Clinic. Photo by Southern Illinois Healthcare Foundation

rado; and Jennifer Meeks of Community Health Centers of the Central Coast (CHC) in Nipomo, California. This article highlights some of the experiences and insights shared during the conference call.

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Using Qualitative Data for Program Planning and Fundraising

by Heather Gardner, Project Manager

Migrant and community health centers across the country are increasingly seeking ways to collect data that will accurately document their work, make a strong case for increased funding, and aid in program planning. Outreach programs in particular struggle with the perception that many of their activities are not quantifiable and therefore do not lend themselves to data collection. Some outreach activities *can* be documented using quantitative

methods: a program can count the number of patients receiving assistance with eligibility applications or the number of health education sessions provided. Additionally, surveys, intake forms, or other instruments can be used to easily describe patient satisfaction, knowledge about a health topic, or demographics. Other activities are more difficult to describe using quantitative methods.

Qualitative data collection methods are those that rely on the gathering of descriptive or narrative in-

formation. Mainly consisting of quotations, observations and excerpts from documents, qualitative data, "capture and communicate someone else's experience of the world in his or her own words" (Patton, 1990). Qualitative methods allow for a much deeper examination of topics than quantitative methods and can yield a much richer picture of the human impact of a program's

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Mobile Clinics - Continued from Page 1

Services and staffing

Services provided on the three MHUs range from screenings for hypertension, diabetes and TB to adult vaccinations for pneumonia, tetanus, Hepatitis C and the flu. Two of the MHUs also provide dental services (X-rays, cleanings and fillings on occasion) and lab testing (hemoglobin, urine, glucose and pregnancy). All MHUs offer some type of pharmacy service. FHS' MHU offers the same medical services that they offer at their clinic sites including OB examinations, enabling patients to access services in the venue most appropriate to their needs and desires. However, much like the other MHUs, the majority of health problems that FHS sees are immediate care diagnoses such as back pain, colds, strep throat and the flu.

Ms. Meeks of CHC noted that the menu of services they provide can change daily depending on what type of personnel is able to staff the MHU during a particular outing. When a nurse is present, they concentrate on flu shots and hypertension screenings in contrast to the times when a PA is present and able to provide more comprehensive, immediate care services. Ms. Meeks tries to inform MHU sites ahead of time of the services available that evening; however, she will not forego an opportunity to go out even if they cannot do this every time. CHC's MHU visits densely-populated areas

and can generally secure enough patients to make the outings financially viable.

MHU staffing varies from program to program and can include MDs, RNs, PAs, FNPs, outreach workers, dental hygienists and/or

drivers/mechanics. In FHS' experience, it is less effective to dedicate particular providers to the MHU because providers derive benefit from interactions with office staff and other medical personnel. When only working on the MHU, they do not necessarily feel an integral part of the overall health center structure. However for continuity's sake, FHS tries to send the same provider to the same location weekly so that farmworkers who come in for follow-up can receive some continuity of care.

Scheduling and Follow-Up

The beauty of having an MHU as part of a health center's outreach structure is the inherent flexibility to take services anywhere they are needed. Plan de Salud del Valle sends out its MHU three nights a week to rural locales in the northern corner of Colorado, visiting approximately 20-30 sites once every 45 days. Appointments are not required. Because visits to the sites are spread out, personnel refer and encourage patients needing follow-up care to visit SALUD's actual clinic. However, SALUD staff bring along patient files, organized by location, in the case that past farmworker patients seek further care. CHC also follows a similar protocol. In comparison, FHS' health center has an electronic file system that can be accessed from the MHU—FHS treats its MHU as one of its clinical sites and has put systems in place to minimize clinic referrals. Both CHC and FHS do a lot of follow-up care on the MHU though some patients are ultimately referred back to their clinics and MHU staff members facilitate that process.

CHC and FHS approach scheduling of the MHU differently from SALUD. Though they may visit some sites upon request, both have determined that it is more effective for their MHUs to visit fewer sites. FHS makes weekly visits to two permanent sites in rural communities that lack medical providers. CHC also sends out its

MHU twice a week to two sites at public housing areas where medical services are inaccessible without transportation. CHC staff schedule these visits at least one month in advance and like SALUD, they do not require appointments. A plus to establishing permanent MHU parking sites is that the CHC health system has been able to set up several permanent clinic sites in the same location where its MHU was parked in the past. Therefore, CHC has been able to serve clients as well as build demand for future clinic locations. CHC recommends that M/CHCs considering implementing an MHU begin with shortened service time frames and increase them as more and more patients begin using the new services.

Collaboration with other agencies

FHS and CHC collaborate with various local agencies in addition to their regularly scheduled visits. CHC participates in many health fairs where they conduct large health screenings and refer high risk patients back to the clinic for further care. FHS partners on occasion with the health department, area schools and migrant and seasonal head start programs. Last year, in response to Hurricane Katrina, FHS sent their MHU to Louisiana for four months. Ms. Brown regularly promotes FHS' MHU by putting up posters, speaking to local businesses and at community events and updating her contacts regularly about the MHU schedule.

MHUs come in many forms, from willing providers working out of the backs of their car trunks to expertly converted RVs equipped with dental chairs and laptop computers. The way in which mobile health services are implemented reflects the resources available to any one particular program and ideally, the specific needs of its farmworker population.

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Qualitative Data - Continued from Page 1

activities and services. This article highlights key methods and uses for qualitative data.

Qualitative methods:

In-depth interviews: In-depth interviews are used to gather information from individual farmworker clients or health center/program staff, about their knowledge, opinions, plans, behaviors, or other characteristics such as demographics. For example, health center staff could be interviewed to learn about how a program is currently functioning and what changes might improve it. These interviews generally consist of open-ended questions, which are later analyzed and interpreted along with the results of other interviews or data.

Observation: Gathered through an observer looking, listening, and noting what is going on in a particular setting, this method is useful for collecting information in

settings where interviews may not be feasible. For example, observation could be used when assessing farmworkers' hand-washing in public areas of the farmworker camps after pesticide exposure or access to wash facilities in the field. The observer takes notes and later analyzes them along with other observations to look for trends or changes. Direct observation can also help to understand a program or activity in a more concrete, unbiased manner than information obtained through interviews.

Focus groups: Focus groups are guided discussions or group interviews, led by a facilitator, that generate information through the dynamic interaction of participants. Participants are encouraged to talk to each other, and insights arise from these discussions that would not be uncovered in an individual interview. A focus group could be used to get valuable insight from

farmworkers about a program your organization is considering implementing. Focus groups usually have between eight and twelve participants. Participants often have a shared experience, for example having received services at the clinic, being residents of a particular camp, being farmworkers from a certain region of Mexico, or having a similar health condition.

Open-ended questions: Open-ended questions usually ask for an opinion, belief, or report of an experience or behavior. Respondents are free to answer the question as they wish and to the extent that they feel comfortable. Open-ended questions can be added to most measurement tools, including existing encounter forms, intake documents or feedback surveys.

It should be noted that while qualitative methods do not rely on numbers, when the results of quali-

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Call for Applications: Deadline is October 15, 2006

Farmworker Health Services, Inc. (FHSI) is currently accepting applications for training and technical assistance services for January – March 2006.

FHSI works closely with farmworker-serving health organizations to help increase farmworkers' access to care by improving the quality of outreach program service delivery and infrastructure. Some specific aims of our work include assisting organizations to:

- Evaluate the effectiveness of the outreach program
- Identify the needs of the farmworker community
- Conduct effective health education with farmworkers
- Ensure culturally and linguistically appropriate service delivery
- Attract new farmworker users

Many of FHSI's services are free of charge to 330(g) grantees. Special consideration will be given to organizations receiving **New Access Point**, **Expanded Medical Capacity**, and **New Start** funding. Contact FHSI at (202) 347-7377 to have an application faxed or sent to you or download an application form at www.farmworkerhealth.org/FHSIServicesRequest2006.pdf. Applications must be received by 10/15/06.

Partnering with Local Universities to Increase Farmworker Access to Care: Two Case Studies

Farmworker-serving health centers across the country rely on collaboration with other organizations to maximize the care they provide to farmworker populations. Partnerships with local universities can offer a particularly dynamic form of collaboration. FHSI recently contacted representatives of two such collaborations, asking them to share the aims of their projects, the challenges they face, and models for working together.

Case #1: Farm Worker Family Health Program

Contributed by Judith Lupo Wold, PhD, RN and Laura Page Rainier, MSN, MPH, RN, Emory University School of Nursing

Tell us how your collaboration is set up to effectively serve farmworkers.

Coordinated by Emory University School of Nursing, the Farm Worker Family Health Program (FWFHP) is a collaboration of the Ellenton Rural Health Clinic, four other universities, the Colquitt County Health Department and Board of Education, SOWEGA and SPCC Area Health Education Centers, Southern Pine Migrant Education Agency, and the owners of farms and packing houses in Colquitt, Tift, Brooks and Cook counties. Additional in-kind support comes from churches and community organizations in the area. Now in its 13th year, the program works to expand and complement year-round services that the Ellenton Clinic provides for this underserved population. Utilizing students and faculty in the health professions, preventive and episodic health care is delivered in a two-week period each summer in an intensive outreach setting that also serves as part of the clinical training programs of the universities. The program addresses urgent primary health care needs of approximately 1000 Hispanic migrant farmworkers and their families each summer. This is often the only health care these individuals receive in the course of the year. Participants include students and faculty from Emory's nurse practitioner and undergraduate community health nursing program, as well as programs from other area universities including dental hygiene programs, a physical therapy program, and a psychology program. Students gain invaluable clinical and cultural insights into health care issues of underserved populations, through delivering health services in fields, camps, and school settings.

Describe the challenges in implementing the program and how you have overcome these challenges.

Constraints due to lack of economic resources are always problematic. The FWFHP prepares and responds with creative strategies to organize and utilize the available resources to best serve the population. Community strengths, partnerships with local churches, businesses and organizations can enhance financial support through donations and support during the field experience. Another significant challenge is effective communication given the constantly changing landscape of people and players. In program planning and implementation, shifting dynamics impact information sharing and difficulty arises in making decisions that incorporate all perspectives, knowledge and areas of expertise. More frequent and direct communication becomes increasingly important as current events influence the political climate. The continuity and passion among the original partners including the Ellenton Clinic, Georgia State University and Emory University provides a strong foundation to confront this challenge. In addition, strong advocates for the FWFHP and for migrant health drive program success by maintaining existing partnerships and forging new ones in the community and beyond.

What tips do you have for CHCs who wish to collaborate with colleges/universities in their area?

The FWFHP is a successful academic-community partnership. For Community Health Centers who wish to collaborate with colleges/universities in their own areas, the following tips may be useful:

- Seek colleges/universities that focus on service learning. All Health Professions programs need clinical experiences that teach cultural diversity.
- Engage colleges/universities in discussing complex issues and seek their input. Create or encourage forums to share information and discuss issues of interest. Contact health professions programs if there is a health related topic. Also, Public Health students may be able to utilize their knowledge and strategies for program planning and implementation.
- Respect the process – it takes time to develop partnerships and begin working collectively toward program goals.



For more information on the FWFHP, you may contact the authors, jwold@emory.edu or laurapagern@yahoo.com. *Laura Williams, Emory BSN Student, does an eye exam on a student. Photo by Steve Ellwood, Emory University.*

Case #2: El Proyecto Bienestar

Contributed by Jennifer Crowe, Research Coordinator, Pacific Northwest Agricultural Safety and Health

Tell us how your collaboration is set up to effectively serve farmworkers.

El Proyecto Bienestar is a community based participatory research (CBPR) project started by a “Core” group of four institutions: Heritage University, The Northwest Community Education Center/Radio KDNA, The Yakima Valley Farm Worker Clinic, and the University of Washington. The Core receives input from a Community Advisory Board (CAB) that consists of volunteers with personal experiences and/or interest in the environmental justice issues that affect Yakima Valley farmworkers. Both groups have decided to operate using a consensus model for decision-making.

El Proyecto Bienestar was set up to identify and prioritize the environmental and occupational health concerns of farmworkers and their families in the Yakima Valley. Our goal is to make and carry out an action plan based on these priorities. According to CBPR principles, the project provides community decision-making and involvement in all steps of the research process. The Core and CAB members have helped create survey and interview documents, helped with study design, and provided input about data analysis. We have also engaged local undergraduate students in an already existing health professions pipeline program operated by the Yakima Valley Farm Workers Clinic called ConneX. These students are enrolled in an Environmental and Occupational Health course taught by Core members. As a part of their course work, they conduct and analyze a community survey in conjunction with El Proyecto Bienestar.

Recently, we held a Town Hall Meeting to share the project’s findings. The meeting included an “open mic” session and the opportunity to vote on the most important issues of concern. Results were shared through letters and Spanish-language radio. Our future work will be focused on some of the input we received at the Town Hall Meeting.

Describe the challenges in implementing the program and how you have overcome these challenges.

Perhaps our biggest challenge has been time. We invested many months in building trust among our members. Secondly, we spend a great deal of time coming to decisions through consensus. In addition, the research processes takes more time than many people expect. This is complicated by the fact that the time our Core and CAB members can meet is limited due to their commitments to jobs and families as well as the distance many of them travel to participate. All of our time-related challenges have made it difficult for us to show “action” to our community. We have tried to overcome this challenge by being open and honest about the constraints we face, but this continues to be something we strive to improve.

A second major challenge for us has been language. We have both English-only and Spanish-only language speakers on our CAB. Although we had simultaneous translation at our meetings, we found that some of our CAB members were not participating fully. We overcame this challenge by switching to Spanish with translation into English. While this still presents frustration for some members of the group, it has increased the participation of some CAB members and has increased the understanding between those that speak each language. Until you have tried to participate in a conversation while listening to a constant translation in your ear, it is hard to appreciate what a challenge this is! This shared experience has been beneficial to our members.

What tips do you have for CHCs who wish to collaborate with colleges/universities in their area?

Community Health Centers who wish to collaborate with universities may want to consider the benefits of a review process to make sure university members agree on a CBPR model. Secondly, engaging undergraduate and graduate students is a good way to get university participation while increasing the capacity of local students. Engaging students, especially if they are from the communities you serve, also increases the possibilities for sustained work and collaboration. A final tip for those interested in collaborating with universities is to plan for the increased time that the university processes often take. You should also plan time for trust building as you begin your collaboration.

For more information on El Proyecto Bienestar, please contact Jennifer Crowe at jencrowe@u.washington.edu.



Community Advisory Board members welcome community members to a Town Hall Meeting. Photo by Pacific Northwest Agricultural Safety and Health.

Stories From the Field - El Rey

Mary Jo Ybarra-Vega, M.S., Social Worker/Migrant Health Coordinator, Quincy Community Health Center

It was on one of my first days as the social worker at Quincy Community Health Center when I walked into room #1. On the exam table laid a two-month-old boy named Jose. He was crying and was clearly in pain. After a brief introduction, his mother, Florentina,



Jose and his mother, Florentina. Photo by Quincy Community Health Center.

rolled him over to show me where a few weeks before he had a “failed operation.” His diagnosis: spina bifida. His mother looked overwhelmed as she stood next to Jose. I later learned that his mother had traveled thousands of miles in search of help for her son and had just arrived in Washington the day before. She had made her way here without her husband as her son’s health was foremost on her mind.

It was that afternoon that the “tag team” began around Jose. Immediately Dr. Rob Shelly, our medical director, began advocacy for this family. He assembled a team to help with accessing local, regional, and state support. I recall several letters Dr. Shelly wrote during these first few weeks on Jose’s behalf. His letters were to the point and well documented, but contained a human element that set them apart from other letters. These written words were a plea for Jose’s future. Dr. Shelly’s words reached the humanity of the agencies he contacted because within a matter of days a specialized hospital contacted us.

His mother Florentina was unaware of the health system in Wash-

ington so our staff took extra time to make sure medical instructions were clear. Many times the staff would double up with reminders and visits to the home to ensure she felt supported. I remember that Florentina would walk Jose to his appointments in the stroller with the ground frozen solid in the dead of winter. She would wait in the waiting room for long periods of time waiting for rides or for an opening to see her provider.

Our medical clerk, the medical assistants, the nurses, the secretaries, our outreach staff, and the provider have fallen in love with this young man. When he comes in for visits, there is a small roar of cooing as he is a favorite among the staff. One of the medical assistants claims he is like a “mascot of Quincy Community Health Center.” I, of course, have my own nick name for Jose, “Mi Rey” or “My King”. Once Jose made his way back to health, we began to see his smile. It is a smile that not only makes your day, but your whole week.

Needless to say, this valiant child has won our hearts. We are blessed to be able to serve him and advocate for him when necessary. On several occasions while doing outreach, our *promotores* have been privileged to serve Jose’s parents. Had it not been for all of my co-workers and his brave parents, this young man would not have made it through his first winter in Washington State. Everyone in our small clinic has served, cheered or prayed for this family’s welfare. I re-read letters written on the family’s behalf and I still get a lump in my throat when I think of how

powerful our words and our outreach can be. In this case, it was the gift of life for “Mi Rey.”

Upcoming Activities & Events

September 20-22: Health & Safety in Western Agriculture: Research to Practice, Pacific Grove, CA

September 27-28: FHSI Health Education and Outreach Training, Holyoke, MA

September 28-29: FHSI Outreach Program Assessment, Kinston, NC

September 29-October 1: The Association of Clinicians for the Underserved National Conference, Washington, DC

October 3-6: Critical Access Hospital and Rural Health Clinics Conference, St. Louis, MO

October 5-6: California Primary Care Association 2006 Annual Conference, San Jose, CA

October 19-21: East Coast Migrant Stream Forum, Myrtle Beach, SC

October 31-November 1: Health Literacy: Improving Clear Health Communication for Better Patient Outcomes, Asheville, NC

November 9-11: Midwest Stream Farmworker Health Forum, Albuquerque, NM

January 26-28: Western Migrant Stream Forum, Sacramento, CA

February 26-28: Rural Health Policy Institute, Washington, DC

Qualitative Data - Continued from Page 3

tative analysis tend to group around a limited set of themes, responses can be coded and assigned numeric values to permit quantitative analysis.

It can be very useful to use several data collection tools and to draw from both qualitative and quantitative methods of data collection for program planning and/or fundraising. Using several methods creates a more complete set of data and can often fill gaps left by using only one method. It is important to keep in mind, however, that there are limitations as to how well comparisons can be made between quantitative and qualitative data.

Uses of Qualitative Data

Successful programs rely on effective planning and fundraising. Appropriate data are critical to grounding these efforts in evidence that accurately reflect farmworker population information, community needs, and program outcomes. Qualitative information, when gathered and presented constructively, has an instrumental role in achieving these aims. Beyond immediate applications, these data collectively contribute to ongoing efforts to document health disparities in the farmworker population and ultimately, facilitate their increased access to health services.

Qualitative methods can be used

for various program planning and fundraising purposes. Prior to selecting and implementing a particular method(s), it is essential to define what information your program would most benefit from and identify for what specific program planning or fundraising purposes the data will be used. Some potential uses are:

- Assessing needs in order to establish program priorities, in turn shaping goals and objectives.
 - Using findings as a tool for acquiring additional funding sources for your program. The 'justification of need' section is always a primary component of any grant application.
 - Being responsive to the needs farmworkers identify themselves versus what your organization may assume their needs to be.
 - Supplementing existing forms in order to improve quality of care. For example, open-ended questions can be added to an existing encounter form in order to learn about farmworkers' biggest health problems or concerns.
 - Exploring the extent to which the program is achieving desired outcomes.
 - Identifying where farmworkers live and work in the area and then mapping findings.
- Along with identifying qualitative data needs and uses, other ques-

tions to consider when using these data for program planning and fundraising purposes include:

- What resources (i.e. financial, time, staff) do you have within the organization for collecting qualitative data?
- How might your organization collaborate with partner agencies or institutions to collect new qualitative data?
- How specifically will findings be reported - in grants, program planning sessions, staff meetings, conferences...?
- Consider establishing an advisory group to oversee the qualitative data collection and analysis process. Involve representatives of the local farmworker community. (See article on pg. 5 for an example).
- Plan to use qualitative data such that findings could be compared in order to demonstrate differences in the data before your program efforts and after your program efforts.

Qualitative data have critical roles to play in leveraging funds and directing programs. Survey results and patient records cannot convey the individual impact of a health center's advocacy on behalf of a farmworker family or describe the living and working conditions that farmworkers face everyday. Using qualitative data demonstrates a commitment to addressing an issue through the actual actions or words of farmworkers themselves or clinic staff. When collected and presented appropriately, qualitative data will add depth to your fundraising and program planning efforts while also revealing respect for your beneficiaries.

Farmworker Health Services, Inc. Welcomes New Staff!

Please join us in welcoming **Judy Cervantes-Connell** and **Lakshmi Subramani** to the FHSI team!

Judy began in FHSI's California office as our newest Project Manager on August 21st. Lakshmi joined our Washington, DC office as an Administrative/Program Assistant on August 28th. Look for them both at upcoming conferences and events.

Visit us on the Web at
www.farmworkerhealth.org

This publication is made possible through funding from the Bureau of Primary Health Care, Health Resources and Services Administration, U.S. Department of Health and Human Services.

OutReach® is a publication of Farmworker Health Services, Inc. The opinions expressed within do not necessarily reflect the position of FHSI, BPHC/HRSA/DHHS, or any agency of the federal government.



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